



Contract Information Update Form

Before completing this form, please know:

- Use this form to update/correct your contact information: name, mailing and email addresses, and phone number.
- To request a change of ownership, please complete our Change of Ownership form.
- To request a change of beneficiary, please complete our Beneficiary Change Request form.
- All current contract owners' signatures are required to complete a request.
- If a name change is for the policyowner, supporting documentation of the change must be provided.

Section 1: Policy Information

Policy number(s)

Policy(保険証券)に記載のご契約番号

Changes for (check applicable box)

☒ Owner (SSN/TIN required)

☐ Contingent Owner

☒ Insured or Annuitant

☐ Beneficiary

☐ Individual covered under a Rider

☐ Payor

☐ Assignee

☐ Owner's Designee

同住所にお住まいのBeneficiary/Contingentの住所変更を同時に申請する場合は✓

Name of Person Changes are for: Owner- Mirai Hoken, Beneficiary- Nozomi Hoken, Hikari Hoken

ご契約者様の氏名 (Beneficiary/Contingentの氏名も併記)

Section 2: Ownership Information

☒ Individual (or individuals, if the policy is co-owned)

Owner - First name ご契約者様の氏名

Middle name

Last name

Social Security number

XXX-XX-XXXX

Phone number (☐ Mobile)

Email address

ご変更のある場合は、新しい情報をご記入ください

Co-Owner - First name

Middle name

Last name

Social Security number

Phone number (☐ Mobile)

Email address

☐ Trust, Charity, or Business Entity:

Print full name of Trust/Charity/Business entity

Date of Trust (mm/dd/yyyy)

Tax ID number of Trust/Charity/Business

Contact person - First name

Middle name

Last name

Phone number (☐ Mobile)

Email address

Section 3: Change of Payor

Owner - First name	Middle name	Last name
Social Security number	Phone number (<input type="checkbox"/> Mobile)	Email address
Street Address		
City	State	Zip code

Section 4: Change of Name

Previous Name (First, Middle, Last)	New Legal Name (First, Middle, Last)
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Reason (if you are the policyowner, check applicable box):

☐ Marriage ☐ Court Decree ☐ Other: _____

Important Information:

- A copy of the marriage certificate, divorce decree, court document, or government-issued ID is required to change a name.
- The form can only be used to change the name of a person who is already the Owner, Insured, Annuitant, Beneficiary, Contingent Owner, Owner's Designee, Payor, or Assignee. If a different person is to be named, use the appropriate change forms.
- If the name change is for a person who has a relationship with multiple policies, the Date of Birth and SSN/TIN must be completed above.
- If the name change is for the Owner, the Owner must sign with their new name below AND provide their SSN/TIN above.
- If the name change is for the Owner or Insured/Annuitant, we will update the name on our records for all policies under the Owner or Insured/Annuitant's name.
- If a corporation changes its name, it is necessary to submit evidence of the change, usually a certificate from the Secretary of State in the state where the corporation was founded or incorporated.
- Where a person acting as guardian conservator on behalf of the Owner, or in a similar capacity, evidence of that appointment must accompany this form.
- If the indicated policy is owned by a corporation, then two Officer's signatures with their respective titles must be provided.

Section 5: Change of Address

☐ Check if this address is a temporary or seasonal address change. We will continue to use the temporary address until you notify us of your return to your primary address. If you choose to have federal or state tax withheld, moving to a temporary or seasonal address will not change this tax status.

※ 誤植防止のため、大文字ではっきりとご記入ください

Street Address: 新住所 例) 〒123-1234 東京都桜市西通り2-40 WFCハイ ツ201号

#210 2-49 NISHI-DORI

City	State	Zip code
SAKURA-SHI	TOKYO	123-1234 JAPAN

Mailing Address (if different from above):

米国外のご住所の場合は、郵便番号のあとに国名をご記入ください

City	State	Zip code
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Section 6: Phone Number and Email Address

Primary phone number (☐ Mobile)

Alternate phone number (☐ Mobile)

Email address

Section 7: Change of Agent

☐ Assign any agent ☐ Please change to: _____
Full Agent Name and PGL Agent Code (if known)

Section 8: Certification and Signatures

Social Security or Taxpayer Identification Number of Owner

Under penalty of perjury, I, certify that:

1. The number shown in this document is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The IRS has notified me that I am no longer subject to back up withholding; and
3. I am a U.S. Citizen or other U.S. person (defined below); and
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States and
5. I have the right to make this change without the authorization, approval or permission of any court, person, firm or corporation.

If you are not a U.S. citizen or non-U.S. residing U.S. resident alien, you must submit the applicable IRS Form W-8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax certification section.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature requirements

Owner type	Signature requirement
Individual acting on behalf of the Owner	The full name of the Owner's fiduciary or Agent and the legal documentation of the authority to act (e.g. <i>power of attorney, guardianship papers, etc.</i>).
Trust	Signatures, followed by the word "Trustee," of all required Trustees.
Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners). Partnership Resolution or Partnership Records is required.
Sole Proprietorship	The full name of the business should be printed with the signature of the Owner followed by the word "Owner".
Corporation/Charity	The signature and title of one officer (other than the insured). Most common authorized officers include: Chief Financial Officer, President, Vice President, Treasurer, Corporate Secretary, Principal (LLC), Managing Member (LLC), or Loan Officer (on behalf of collateral assignee). Corporate Seal, Board Resolution or Certification of Corporate Records is required.

I declare under penalty of perjury under the laws of the State/Territory of ご契約時の居住州 and the laws of the United States of America that the foregoing is true and correct.

Executed this 1 day of January, 20 23 at 現在の居住市, 州 or 都道府県, 国名.

Signature of Owner		Date (mm/dd/yyyy)
X 英語（ローマ字・筆記体等）表記・直筆のご署名		01 / 01 / 2023
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name
ご契約者様の氏名		
※ご印刷の上、必ず直筆でご署名ください タッチパネルでのサイン(電子署名)やタイプ入力のサインは受理されません		
Signature of Co-Owner		Date (mm/dd/yyyy)
X		
Title (if acting in a representative capacity)		
Print - First name	Middle name	Last name

How to submit this form

Mail:
Pacific Guardian Life
Attn: Client Relations Department
1440 Kapiolani Blvd., Suite 1700
Honolulu, HI 96814

Email:
clientrelations@pacificguardian.com

Fax:
1.800.946.1295

Pacific Guardian Life is here to help

You can reach us at 1.800.367.5354. Monday – Friday 8:00 a.m. to 5:00 p.m., Hawaii Standard time.